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Invoice ID: 2163211 Created on 3/31/2015 3:39 PM Last updated on 3/31/2015 3:39 PM

Applicant Form Identifier 14_7-2 FRN 2601063

Block 1: Header Information

Need Help?

1. Billed Entity Name

2. Billed Entity Number

3. Service Provider

ST ANTHONY'S ON THE

60597

Identification Number (SPIN) 143034013

LAKE SCH

Applicant FCC Form 498 ID

4. Contact Name

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676

Contact Fax

(314)395-5882

Contact Email

erp@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14) \$ 1858.88

Block 2: Line Item Information Per Funding Request Number

Need Help?

	7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) g (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
· 1)	957617	2601063		7/1/2014		\$ 596.50	40 \$	238.60	AWAITING CERTIFICATION
2)	957617	2601063		8/1/2014		\$ 596.50	40 \$	238.60	AWAITING CERTIFICATION
3)	957617	2601063	•	9/1/2014	• •	\$ 596.50	40	\$ 238.60	AWAITING CERTIFICATION
4)	957617	2601063		10/1/2014		\$ 575.70	40 \$	230.28	AWAITING CERTIFICATION
5)	957617	2601063		11/1/2014		\$ 575.70	40 \$	230.28	AWAITING CERTIFICATION
6)	957617	2601063		12/1/2014		\$ 575.70	40 \$	230.28	AWAITING CERTIFICATION

7) 957617	2601063	1/1/2015	\$ 565.30	40	\$ 226.12	AWAITING CERTIFICATION
8) 957617	2601063	2/1/2015	\$ 565.30	40	\$ 226.12	AWAITING CERTIFICATION

Block 3: Billed Entity Certification

Need Help?

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 3/31/2015

17. Name RICHARD H SENTURIA
18. Title/Position CONSULTANT
20. Address 1 9666 OLIVE BLVD
Address 2 SUITE 215
City OLIVETTE
State MO
Zip Code 63132 -

 19. Phone Number
 (314) 282-3676

 19a. Fax Number
 (314) 395-5882

 19b. Email
 erp@erateprogram.com

 19c. Name of Authorized
 eRate Program, LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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Invoice ID: 2276484

Created on 10/26/2015 3:51 PM Last updated on 10/26/2015 3:51 PM

Applicant Form Identifier 2601063_1-6/15

Block 1: Header Information

Need Help?

1. Billed Entity Name

2. Billed Entity Number

3. Service Provider

ST ANTHONY'S ON THE LAKE SCH

60597

Identification Number (SPIN)

143034013

Applicant FCC Form 498 ID

4. Contact Name

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676 (314) 395-5882

Contact Fax Contact Email

erp@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14) \$915.18

Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 8. Funding 471 Request **Application** Number Number (FRN) (from Funding (from

10. Customer 11. Shipping Frequency Billed Date date to

Customer or Last Day of Service Work

12. Total (Undiscounted) Amount for

13. Discount Rate

14. Discount **Amount Billed** to USAC

(Column 12 multiplied by Column 13)

Commitment Decision

Letter)

1) 957617

Funding Commitment

Decision

Letter) 2601063

1/1/2015

\$ 2287.95

40

\$ 915.18

AWAITING CERTIFICATION

Approval

Status

Block 3: Billed Entity Certification

Need Help?

Performed

(mm/dd/yyyy)

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 10/26/2015

17. Name

RICHARD H SENTURIA

18. Title/Position CONSULTANT

20. Address 1

9666 Olive Blvd

Address 2

Suite 215

City

Olivette

State

MO Zip Code 63132 - 19. Phone Number

(314) 282-3676

19a. Fax Number

(314)395-5882

19b. Email

erp@erateprogram.com

19c. Name of Authorized

eRate Program LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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Invoice ID: 2661282 Created on 8/12/2017 3:40 PM Last updated on 8/15/2017 5:06 AM

Applicant Form Identifier 14_7-6 FRN 2601063

Block 1: Header Information

Need Help?

1. Billed Entity Name ST ANTHONY'S ON THE 2. Billed Entity Number

3. Service Provider

LAKE SCH

60597

Identification Number (SPIN)

143034013

Applicant FCC Form 498 ID 443018099

4. Contact Name

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676

Contact Fax

(314) 395-5882

Contact Email

erp@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14) \$ 2774.06

Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 8. Funding 9. Bill 10. Customer 11. Shipping 12. Total 13. 14. Discount Approval (Undiscounted) Discount **Amount Billed** Status **Billed Date** date to Request Frequency 471 **Application** Number Customer or Amount for to USAC Last Day of Number (FRN) (Column 12 Service Work multiplied by Performed (from Funding (from Column 13) Commitment **Funding** (mm/dd/yyyy) Decision Commitment Decision Letter) Letter) 7/1/2014 \$ 2774.06 COMPLETED 1) 957617 2601063 MONTHLY \$ 6935.16 40

Block 3: Billed Entity Certification

Need Help?

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/12/2017

17. Name

RICHARD H SENTURIA

18. Title/Position CONSULTANT

20. Address 1 Address 2 9666 OLIVE BLVD

SUITE 215

City

OLIVETTE МО

State

63132 -Zip Code

19. Phone Number

(314) 282-3676

19a. Fax Number

(314)395-5882

19b. Email

erp@erateprogram.com

19c. Name of Authorized eRate Program, LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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